

# ANNEXATION APPLICATION

CITY OF FRISCO PLANNING & DEVELOPMENT DEPARTMENT (972) 335-5540

## Property Description:

Survey Name and Abstract No.: \_\_\_\_\_  
Tract Number(s): \_\_\_\_\_ Number of Acres: \_\_\_\_\_  
Number of People Living on Each Tract of Land (attach an additional sheet if necessary): \_\_\_\_\_

### Current Property

#### Owner's

##### Name:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

#### Owner's

##### Signature:

### Representative's

#### Name:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Submittal Requirements

- ☐ Application
- ☐ Application Fee - \$200.00
- ☐ Metes and bounds description of the property with a graphic exhibit. The metes and bounds description and the graphic exhibit must contain an original seal and signature of a registered professional land surveyor and shall be on an 8½" x 11" sheet of paper.
- ☐ An exhibit depicting the location of the property in location to the nearest existing or future major thoroughfare north, south, east, and west of the property.

### TO BE COMPLETED BY PROPERTY OWNER OR HIS/HER REPRESENTATIVE:

STATE OF TEXAS \_\_\_\_\_ ) (

COUNTY OF \_\_\_\_\_ ) (

BEFORE ME, a Notary Public, on this day personally appeared \_\_\_\_\_ the undersigned applicant, who, under oath, stated the following: "I hereby certify that I am the owner, or duly authorized agent of the owner, for the purposes of this application; that all information submitted herein is true and correct."

\_\_\_\_\_  
Owner, Applicant, or Representative

SUBSCRIBED AND SWORN TO before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public in & for the State of Texas

### OFFICE USE ONLY

Location of Property: \_\_\_\_\_

Neighborhood #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

This application meets the Planning & Development Department's requirements for processing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Case Number: \_\_\_\_\_